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| <div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <p><b>FEE TRANSMITTAL</b><br/><b>for FY 2005</b></p> <p>Patent fees are subject to annual revision.</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p> </div> <div style="text-align: right;"> <p><b>Complete if Known</b></p> <p>Application Number: 09/877,370</p> <p>Filing Date: June 7, 2001</p> <p>First Named Inventor: Firoz Kanchwalla</p> <p>Examiner Name: Charles Rones</p> <p>Art Unit: 2164</p> <p>Attorney Docket No.: 23402-09411</p> </div> </div> |  |
| <p><b>TOTAL AMOUNT OF PAYMENT</b>    <b>\$ 395.00</b></p>  |  |

| <p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input type="checkbox"/> Check           <input type="checkbox"/> Credit Card           <input type="checkbox"/> Money Order           <input type="checkbox"/> Other           <input type="checkbox"/> None           <input type="checkbox"/> Deposit Account:       </p> <p>Deposit Account Number: <b>19-2555</b></p> <p>Deposit Account Name: <b>Fenwick &amp; West LLP</b></p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below           <input checked="" type="checkbox"/> Credit any overpayments           <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application           <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.       </p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b></td> <td> </td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td> </td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td> </td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> <td> </td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>**Reissue independent claims over original patent</td> <td> </td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td> </td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b></td> <td> </td> </tr> </tbody> </table> | Large Entity |              | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>SUBTOTAL (1)</b> |  |  |  | <b>(\$)</b> |  | Total Claims |  | Extra Claims |  | Fee from below |  | Fee Paid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 50 | 2202 | 25 | Claims in excess of 20 |  | 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 |  | 1203 | 360 | 2203 | 180 | Multiple dependent claim, if not paid |  | 1204 | 200 | 2204 | 100 | **Reissue independent claims over original patent |  | 1205 | 50 | 2205 | 25 | **Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  | <b>(\$)</b> |  | <p style="text-align: center;"><b>FEE CALCULATION</b> (continued)</p> <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath or declaration</td><td> </td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td> </td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td> </td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td> </td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td> </td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td> </td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td><td> </td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td> </td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td><td> </td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td><td> </td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for reply within fifth month</td><td> </td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td> </td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td> </td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td> </td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td> </td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - unavoidable</td><td> </td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive - unintentional</td><td> </td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td> </td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td> </td></tr> <tr><td>1503</td><td>1100</td><td>2503</td><td>550</td><td>Plant issue fee</td><td> </td></tr> <tr><td>1460</td><td> </td><td>1460</td><td> </td><td>Petitions to the Director</td><td> </td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee for Provisional Applications</td><td> </td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td> </td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td> </td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td> </td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td> </td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td>395.00</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td> </td></tr> <tr><td colspan="5">Other fee (specify):</td><td> </td></tr> <tr> <td colspan="4"><b>SUBTOTAL (3)</b></td> <td><b>\$ 395.00</b></td> <td> </td> </tr> </tbody> </table> | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath or declaration |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 120 | 2251 | 60 | Extension for reply within first month |  | 1252 | 450 | 2252 | 225 | Extension for reply within second month |  | 1253 | 1020 | 2253 | 510 | Extension for reply within third month |  | 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month |  | 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month |  | 1401 | 500 | 2401 | 250 | Notice of Appeal |  | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal |  | 1403 | 1000 | 2403 | 500 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable |  | 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional |  | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) |  | 1502 | 800 | 2502 | 400 | Design issue fee |  | 1503 | 1100 | 2503 | 550 | Plant issue fee |  | 1460 |  | 1460 |  | Petitions to the Director |  | 1807 | 50 | 1807 | 50 | Processing fee for Provisional Applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | 395.00 | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify): |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  | <b>\$ 395.00</b> |  |
|---|--------------|--------------|--------------|--|-----------------|----------|----------|----------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|-------------|--|--------------|--|--------------|--|----------------|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|----|------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|---|--|---------------------|--|--|--|-------------|--|---|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|----|--|--|------|----|------|----|--|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|------|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|------|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|-----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|------|------|-----|-----------------|--|------|--|------|--|---------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--------|------|-----|------|-----|---|--|----------------------|--|--|--|--|--|---------------------|--|--|--|------------------|--|
| Large Entity  |              | Small Entity |              | Fee Description  |                 |          | Fee Paid |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| Fee Code  | Fee (\$)     | Fee Code     | Fee (\$)     |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| <b>SUBTOTAL (1)</b>   |              |              |              | <b>(\$)</b>  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| Total Claims  |              | Extra Claims |              | Fee from below   |                 | Fee Paid |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
|   |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| Large Entity  |              | Small Entity |              | Fee Description  | Fee Paid        |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| Fee Code  | Fee (\$)     | Fee Code     | Fee (\$)     |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1202  | 50           | 2202         | 25           | Claims in excess of 20   |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1201  | 200          | 2201         | 100          | Independent claims in excess of 3  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1203  | 360          | 2203         | 180          | Multiple dependent claim, if not paid                                      |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1204  | 200          | 2204         | 100          | **Reissue independent claims over original patent                          |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1205  | 50           | 2205         | 25           | **Reissue claims in excess of 20 and over original patent                  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| <b>SUBTOTAL (2)</b>   |              |              |              | <b>(\$)</b>  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| Large Entity  |              | Small Entity |              | Fee Description  | Fee Paid        |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| Fee Code  | Fee (\$)     | Fee Code     | Fee (\$)     |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1051  | 130          | 2051         | 65           | Surcharge - late filing fee or oath or declaration                         |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1052  | 50           | 2052         | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1053  | 130          | 1053         | 130          | Non-English specification  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1812  | 2,520        | 1812         | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1804  | 920*         | 1804         | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1805  | 1,840*       | 1805         | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1251  | 120          | 2251         | 60           | Extension for reply within first month                                     |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1252  | 450          | 2252         | 225          | Extension for reply within second month                                    |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1253  | 1020         | 2253         | 510          | Extension for reply within third month                                     |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1254  | 1,590        | 2254         | 795          | Extension for reply within fourth month                                    |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1255  | 2,160        | 2255         | 1,080        | Extension for reply within fifth month                                     |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1401  | 500          | 2401         | 250          | Notice of Appeal   |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1402  | 500          | 2402         | 250          | Filing a brief in support of an appeal                                     |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1403  | 1000         | 2403         | 500          | Request for oral hearing   |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1451  | 1,510        | 1451         | 1,510        | Petition to institute a public use proceeding                              |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1452  | 500          | 2452         | 250          | Petition to revive - unavoidable   |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1453  | 1,500        | 2453         | 750          | Petition to revive - unintentional   |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1501  | 1,400        | 2501         | 700          | Utility issue fee (or reissue)   |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1502  | 800          | 2502         | 400          | Design issue fee   |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1503  | 1100         | 2503         | 550          | Plant issue fee  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1460  |              | 1460         |              | Petitions to the Director  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1807  | 50           | 1807         | 50           | Processing fee for Provisional Applications                                |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1806  | 180          | 1806         | 180          | Submission of Information Disclosure Stmt                                  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 8021  | 40           | 8021         | 40           | Recording each patent assignment per property (times number of properties) |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1809  | 790          | 2809         | 395          | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1810  | 790          | 2810         | 395          | For each additional invention to be examined (37 CFR 1.129(b))             |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1801  | 790          | 2801         | 395          | Request for Continued Examination (RCE)                                    | 395.00          |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| 1802  | 900          | 1802         | 900          | Request for expedited examination of a design application                  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| Other fee (specify):  |              |              |              |  |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |
| <b>SUBTOTAL (3)</b>   |              |              |              | <b>\$ 395.00</b>   |                 |          |          |          |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |             |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |    |      |    |   |  |                     |  |  |  |             |  |   |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |  |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |      |  |      |  |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |                      |  |  |  |  |  |                     |  |  |  |                  |  |

|                     |   |                                   |                |
|---------------------|---|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | Jennifer R. Bush  | Registration No. (Attorney/Agent) | 50,784         |
| Signature           |  | Date                              | April 20, 2005 |
|                     |   | Telephone: (650) 335-7213         |                |

RCE  
JFW

# REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:

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Alexandria, VA 22313-1450



|                        |                  |
|------------------------|------------------|
| Application Number     | 09/877,370       |
| Filing Date            | June 7, 2001     |
| First Named Inventor   | Firoz Kanchwalla |
| Group Art Unit         | 2164             |
| Examiner Name          | Charles Rones    |
| Attorney Docket Number | 23402-09411      |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-entitled application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

## 1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- iii. ☐ Other \_\_\_\_\_
- b. ☒ Enclosed
- i. ☒ Amendment D / Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_

## 2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(l) required)
- b. ☒ Return Postcard
- c. ☐ Other \_\_\_\_\_

## 3. Fees

The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 19-2555
- ☒ Fee Transmittal Enclosed (in duplicate)
- ☒ Check in the amount of \$ 395.00 enclosed

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

|                   |                  |                                   |                |
|-------------------|------------------|-----------------------------------|----------------|
| Name (Print/Type) | Jennifer R. Bush | Registration No. (Attorney/Agent) | 50,784         |
| Signature         |                  | Date                              | April 20, 2005 |

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or if the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on:

|                   |                  |                                   |                |
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| Name (Print/Type) | Jennifer R. Bush | Registration No. (Attorney/Agent) | 50,784         |
| Signature         |                  | Date                              | April 20, 2005 |
| Express Mail No.  |                  |                                   |                |

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IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Firoz Kanchwalla, David Lyle, Sujit Bais, Srinivasan Maadapusi,  
Amol Dongre, and Premkumar Somakumar

SERIAL NO.: 09/877,370

FILING DATE: June 7, 2001

TITLE: Method and Apparatus for Transporting Data for Data Warehouse  
Applications that Incorporates Analytic Data Interface

EXAMINER: Charles Rones

GROUP ART UNIT: 2164

ATTY. DKT. NO.: 23402-09411

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Dated: April 10, 2005

By: 

Jennifer R. Bush, Reg. No. 50,784

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P.O. BOX 1450  
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**AMENDMENT AND REQUEST FOR CONTINUED EXAMINATION**

Sir:

This Request of Continued Examination and Amendment for the patent application identified above is in response to the Final Office Action dated March 24, 2005, which set a shortened statutory period for response that expires on June 24, 2005. Kindly amend this application as indicated herein.